

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085338

FILED
Apr 30, 2009
Secretary of State

Entity Name: TCC ENTERPRISES, LLC

Current Principal Place of Business:

811 SOUTH HOLLYBROOK DR,
BLDG 24, 206
PEMBROKE PINES, FL 33025

New Principal Place of Business:

502 SW 147TH AVE
PEMBROKE PINES, FL 33027

Current Mailing Address:

811 SOUTH HOLLYBROOK DR,
BLDG 24, 206
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 26-0862776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, TROY D
502 SW 147TH AVENUE
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EDWARDS, TROY D
Address: 502 SW 147TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGRM () Delete
Name: RICKARDS, SONIA V
Address: 811 SOUTH HOLLYBROOK DRIVE, BLDG 24/# 206
City-St-Zip: PEMBROKE PINES, FL 33025 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TROY EDWARDS

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date